

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-069161

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51						
	1		1			52						
	2					53						
	1					54						
	1					55						
	1					56						
	1					57						
	1					58						
	1					59						
	1					60						
	1					61						
	1					62						
	1					63						
	1					64						
	1					65						
1	1	1				66						
1	1					67						
	1					68						
	1					69						
	3					70						
	3					71						
	3					72						
	1					73						
						74						
						75						
						76						
						77						
						78						
						79						
						80						
						81						
						82						
						83						
						84						
						85						
						86						
						87						
						88						
						89						
						90						
						91						
						92						
						93						
						94						
						95						
						96						
						97						
						98						
						99						
						100						
						TOTAL IND.						
						TOTAL DEP.						
						TOTAL CLAIMS						

BEST AVAILABLE COPY